Approved, SCAO OSM CODE: AOP

STATE OF MICHIGAN PROBATE COURT COUNTY OF	1	ANCE OF OF MINOR	FILE NO.	
Estate of			,	
1. I, Name in the estate as State interest	,am	a parent of the minor c	child(ren) listed below, who	is (are) interested
N	NAME OF MINOR(S)		DATE(S)	OF BIRTH
	. , ,			
I further represent that the child(represent in the estate no personal interest in the estate)				ow and that I have
		Date		
Attorney name	Bar no.	Parent signature		
Address		Address		
City, state, zip	Telephone no.	City, state, zip		

Do not write below this line - For court use only